

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Sparks</i>	DATE 5-18-09
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000509	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>3/25/09</u>
2. DATE SIGNED BY DIRECTOR <i>Copy: Sparks Cleared 3/25/09/letter attached.</i>	Prepare reply for appropriate signature DATE DUE <u>1</u> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

LINDSEY O. GRAHAM
SOUTH CAROLINA280 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5972UNITED STATES SENATE
Fax Transmittal Sheet

TO: Emma Forkner

FROM: Sue Snell

DATE: 3-17-09

COMMENTS: Please see the attached. Thank you!

5 PAGE(S) TO FOLLOW

IF THERE IS ANY PROBLEM RECEIVING THIS FAX, PLEASE
CALL (803) 933-0112.

Confidentiality: This message is intended solely for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the person responsible for delivering it to the recipient, you are put on notice that any dissemination, distributing or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message at the address via U.S. Postal Service.

Thank you.

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 883-0112401 WEST EVANS STREET
SUITE 228B
FLORENCE, SC 29501
(843) 669-1505101 EAST WASHINGTON STREET
SUITE 220
GREENVILLE, SC 29601
(864) 250-1417530 JOHNNIE DODGE BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 949-3997140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 398-2829135 EAGLES NEST DRIVE
SUITE B
GENEVA, SC 29679
(864) 898-3330

03/17/2009 03:12PM

LINDSEY O. GRAHAM
SOUTH CAROLINA



250 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5972

UNITED STATES SENATE

March 17, 2009

Ms. Emma Forkner
Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Re: Shirley Cannon
304 Lakeridge Parkway
Columbia, SC 29203
(803) 754-8540

Dear Ms. Forkner:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, Shirley Cannon, I am sending this correspondence to your attention.

Thank you for your attention to this matter, and I ask that you please respond directly to the Ms. Cannon.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Graham", written over a horizontal line.

Lindsey O. Graham
United States Senator

LOG/ss

Enclosure

808 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 833-0112

401 WEST EVANS STREET
SUITE 228B
FLORENCE, SC 29501
(843) 669-1505

101 EAST WASHINGTON STREET
SUITE 220
GREENVILLE, SC 29601
(864) 250-1417

530 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29544
(843) 949-3987

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 966-2828

135 EAGLES NEST DRIVE
SUITE B
GENEVA, SC 29678
(864) 888-3330

03/17/2009 03:12PM

MAR 10 2009

Dear Senator Graham,

I really need your help, please! In 2006, with the help of Judge Lee Morgan and my attorney, Mr. Frank Barton, you helped me become qualified for disability. I recently received a letter from my case manager, Herbert Ramert, with Richland County D.H.H.S. They want to take my Medicaid from me saying my income is more than policy allows. I only get ~~\$54.00~~ ^{\$1,349.00} a month. I don't get enough money to pay all of my bills. Bill collectors call just about every day and they write me every week. I just can't pay them. I need a car. My husband has not worked since 2007. He ~~will be~~ ^{was} 52 yrs. old in November. He just started getting half of his social security in January. He has his own bills and I have mine. I have so many doctors and a lot of medicine. If you need a list of all my doctors and medicine, I will be more than happy to provide them for you. I fell in Dutch Square Mall and broke my knee cap. They won't pay the bills for my medical expenses. I am in physical therapy now and may have to have surgery on my spine. I know I will have to have surgery on my hands. I have to take shots in my neck and in my hands. My husband and I only get \$35.00 worth of food stamps a month. I really need help. I need to keep my Medicaid to help pay my doctor bills. Will you please help me! Please! You can write or call me if need be. My number is (803) 754-8540.

Thank You Very Much!

P.S. I did vote for you! I had knee surgery on 09-25-08 and again on 10-16-08. My knee cap was broken. Is there anything you can do about getting me some help with the medical bills? I told them I slipped on something. You can tell by the heel of the shoes I was wearing. I don't know if the floor was slippery or what because I was not looking down when I was walking. It happened on 09-19-08. Whatever you can help me with I would greatly appreciate and be forever grateful to you. If Dutch Square doesn't want to pay medical expenses, they can at least give me something for pain and suffering.

Sincerely Yours,



Shirley A. Cannon

P.S. I get 1,154.00 a month

MAR 10 2009

South Carolina Medicaid Program

Notice that Medicaid Coverage Will End

RICHLAND COUNTY DHHS
P. O. Box 128
State Park SC 29147-0128

SHIRLEY A CANNON
304 LAKEBRIDGE PKWY
COLUMBIA SC 29203

Date: 03/04/2009
Worker Name:
HERBERT REMBERT
Telephone: 803 741-1165
BG #: 09186219
HH #: 101076733
:0 HERBR

Medicaid coverage for the people listed below will end on: 04/01/2009

Beneficiary name:
SHIRLEY A. CANNON

Beneficiary Medicaid ID#:
1780506916

Reasons: Medicaid coverage will end because:
Your income is more than policy allows.

You may get a copy of the manual or policy information that requires your case to be closed from your worker. Manual/policy reference supporting this action:
303.01.03

You may qualify for Medicaid under other programs if there have been changes in your family, health or income since your last application or review. If there have been changes that we do not know about, you should re-apply.

To re-apply you can do one of the following:

- Contact a Medicaid eligibility worker in the county where you live.
- Call 1-888-549-0820 and ask that a Medicaid application be mailed to you. This is a free call.
- Use the computer to get an application from our website at www.dhhs.state.sc.us.

If the reason shown above states that your Medicaid coverage will stop because of "Failure to Return Review Form" AND you have not received a review form or have already returned your review form, please contact your worker right away.

Fair Hearing

If you feel your case has been closed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.
- If you request a hearing within 10 days of the date on this letter, you can ask in your request that your Medicaid coverage continue until a final decision is made by the hearing officer. However, if the hearing officer rules that the decision to close your case was correct, you will be required to pay back any Medicaid benefits you received while your case was being reviewed.

MAR 10 2009

CERTIFICATE OF MEDICAID COVERAGE**IMPORTANT: KEEP THIS MEDICAID LETTER IN A SAFE PLACE**

This letter gives you information about the Medicaid coverage you had. If you enroll in another health insurance plan, you may need to give them a copy of this letter.

Date of this letter: 03/04/2009

Name of Group Health Plan: **MEDICAID**
HH#: 101076733 40 MEMBERRecipient Name: **SHIRLEY A CANNON**

Recipient Medicaid Number: 1780506916

COVERAGE PERIODS:

MARCH	2009	JUNE	2008
FEBRUARY	2009	MAY	2008
JANUARY	2009	APRIL	2008
DECEMBER	2008	MARCH	2008
NOVEMBER	2008	FEBRUARY	2008
OCTOBER	2008	JANUARY	2008
SEPTEMBER	2008	DECEMBER	2007
AUGUST	2008	NOVEMBER	2007
JULY	2008	OCTOBER	2007

SOUTH CAROLINA MEDICAID SERVICE

INPATIENT HOSPITAL
WELL CHILD CARE
FAMILY PLANNING
LABORATORY AND X-RAY

AMBULANCE TRANSPORTATION
REHABILITATIVE THERAPIES
PRESCRIPTION DRUGS
LONG TERM CARE/NURSING HOME

HOME HEALTH
OUTPATIENT HOSPITAL,
VISION CARE
DURABLE MEDICAL EQUIPMENT

FACILITIES
RESIDENTIAL TREATMENT FACILITY
HOSPICE
MENTAL HEALTH
ALCOHOL AND OTHER SUBSTANCE

EVALUATION/COUNSELING/EDUCATION FOR SPECIAL NEEDS
NON-EMERGENCY TRANSPORTATION TO MEDICAL APPOINTMENTS

If you have questions about this letter you can call 1-888-549-0820 or you can write to:

The Department of Health and Human Services
P.O. Box 100147

Columbia, South Carolina 29202-9181

MAR 10 2009

B

BROADSPIRE

a Crawford Company

February 27, 2009

Shirley Cannon
304 Lake Ridge Pkwy
Columbia, SC 29203

RE: CLAIM NUMBER: 440-LN-317723N
INSURED: Defender Services Int/Dutch Square Mall
DATE OF LOSS: 9/19/2008

Dear Ms. Cannon:

We have now completed our investigation into the above mentioned claim. After a careful evaluation of the facts including statement from you and our insured, we conclude that our insured would not be legally liability for your injuries. In light of that, we must respectfully deny payment of your claim.

Please contact me with questions or concerns.

Very truly yours,

BROADSPIRE

W. Rhumel Dunn

W. Rhumel Dunn
Claim Specialists
P O Box 19509
Charlotte, NC 28219
(800) 899-8414 x 2548

wrd



State of South Carolina
Department of Health and Human Services

Jenny #0509

Mark Sanford
Governor

Emma Forkner
Director

March 25, 2009

Mrs. Shirley A. Cannon
304 Lakeridge Parkway
Columbia, South Carolina 29203

Dear Mrs. Cannon:

US Senator Lindsey Graham contacted our agency on your behalf regarding your concerns over Medicaid eligibility and your healthcare needs.

You and your husband's current monthly income is above the allowable limit of \$1,215 for you to continue to qualify under Medicaid's Aged, Blind or Disabled program. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments or other living expenses. Because of this change, your Medicare Part B monthly premium of \$96.40 will be deducted from your social security check in April.

Fortunately, you continue to receive Medicare coverage to help meet your medical and pharmacy needs. However, your *Extra Help* is scheduled to end on December 31, 2009 due to your Medicaid termination. *Extra Help* pays your Medicare Part D Prescription premiums and provides your medications for a small co-payment. Please contact the Social Security Administration before December 2009 to determine if you can re-qualify for *Extra Help*. Their phone number is 1-800-772-1213.

We have enclosed information on a number of healthcare and prescription programs that may be of assistance to you and Mr. Cannon. If you have additional questions about the Medicaid program, please contact Jenny Lynch at (803) 898-3965, and she will be happy to assist you.

Sincerely,

Alicia Jacobs
Deputy Director

AJ/ci
Enclosures